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MEMORANDUM

TO: All Interested Parties
FROM: Leza Wainwright 
SUBJECT: Summary Version of Implementation Update #71

The Divisions of Medical Assistance (DMA) and Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) have been publishing "Implementation Updates" since January, 2006. These monthly updates serve as a way to communicate a wide variety of information to all stakeholders in the public mental health, developmental disabilities and substance abuse services system. Though we try to make them "readable," we realize that sometimes they get so lengthy and detailed that they are not very easy to read and a lot of the technical information – like specific billing codes or ValueOptions dedicated facsimile lines – may not be of interest to all stakeholders. Therefore, starting this month, we will publish a Summary Version of each Implementation Update (IU). The Summary version, prepared by staff in the Division of Mental Health, Developmental Disabilities and Substance Abuse Services Advocacy and Customer Service Section with significant editorial contributions from consumers and family members, will come out approximately one week following the publication of the detailed IU. Readers who want to view the detailed version may still find them on our website at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>. We will put the summary versions on the web as well. We would appreciate your feedback on the new Summary version and if you find it helpful. Please send any input or suggestions to us at ContactDMH@dhhs.nc.gov.

The Division is grateful for the editorial suggestions by the State Consumer and Family Advisory Committee Response Task Team (Ron Kendrick, Wilda Brown, Carl Noyes, Andrea Stevens, Kathy Crocker, Renee Sisk, Nancy Black, and Bill Cook), Michael Weaver, NC National Alliance on Mental Illness Consumer Council, and Michael Murray, NC Disability Action Network.

Targeted Case Management Services (TCM) for Individuals with Developmental Disabilities

- The Centers for Medicaid and Medicare Services (CMS) recently approved a new service definition for Targeted Case Management for Individuals with Developmental Disabilities. Implementation is scheduled for July 1, 2010.
- Case managers are required to have 20 hours of training related to case management functions within the first 90 days of hire. Case managers who have already completed the required 9 hours of training will need to complete an additional 11 hours of training.
- Targeted Case Management providers must be directly enrolled with the Division of Medical Assistance (DMA) to provide Targeted Case Management by July 1, 2010.
- Providers who are already providing Targeted Case Management to consumers will complete the process of enrolling with DMA and will work with ValueOptions regarding authorization procedures for services.
- Existing providers of Targeted Case Management are required to sign a Targeted Case Management Letter of Attestation stating that they will comply with the new Targeted Case Management policy.
- New providers who want to provide Targeted Case Management will complete endorsement and enrollment following the Department of Health and Human Services' (DHHS') policy and procedures for Endorsement of Providers of Medicaid Reimbursable Mental Health /Developmental Disabilities /Substance Abuse Services.
- Local Management Entities (LMEs) will not begin accepting applications for endorsement from new Targeted Case Management providers until May 1, 2010.

Transition to Annual Authorization for Non-Waiver Targeted Case Management/Developmental Disability Services

- Starting May 1, 2010, all requests for Medicaid-funded Targeted Case Management will be authorized annually for non-waiver consumers. Please note: This is a change from the current quarterly authorizations.
- Case managers will request Targeted Case Management for consumers based on the month they were born. The authorizations will start on the first day of the month following the month the consumer was born and end on the last day of the month the consumer was born.

1915 (b)(c) Medicaid Waiver Expansion for Mental Health, Developmental Disabilities, and Substance Abuse Services/Request for Applications Update

- A bidder's conference of interested parties was held on March 4, 2010. Questions and answers from the bidder's conference are posted at <http://www.ncdhhs.gov/mhddsas/waiver/index.htm> and <http://www.ncdhhs.gov/dma/lme/MHWAiver.htm>.
- The question and answer period is officially closed per the Request for Applications.
- Local Management Entities are to submit applications by April 14th. Applications will be reviewed by Division of Mental Health , Developmental Disabilities, and Substance Abuse Services and Division of Medical Assistance staff, consumers, family members, and staff from Mercer Human Services Consulting, a state contractor, during the months of April, May and June.
- The selected Local Management Entitie(s) will be announced in July 2010 with a tentative start date set for January 2011.
- The websites listed above are available for ongoing enagement with stakeholders (a person or group that has an investment, share, or interest) about the 1915 b/c waivers.

Critical Access Behavioral Health Agency Updates (CABHA)

- Updates to the Critical Access Behavioral Health Agency policy and status updates for agencies submitting letters of attestation are located on the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services website at <http://www.ncdhhs.gov/mhddsas/cabha/index.htm>.
- Attestation letters received on the old form will not be accepted. The current attestation letter can be found on the Critical Access Behavioral Health Agency webpage.

- Updated descriptions of the Medical Director, Clinical Director, and the Quality Management/Training Director have been published.
- The Department of Health and Human Services has been talking with CMS regarding an extension for the final implementation date for Critical Access Behavioral Health Agency agencies. The goal of the extension request is to permit existing providers of Community Support Team, Intensive In Home, and/or Day Treatment to have until December 31, 2010 to achieve Critical Access Behavioral Health Agency status or transition consumers from Community Support Team, Intensive In Home, and/or Day Treatment services to other appropriate services or providers.
- Provider agencies that provide Community Support Team, Intensive In Home, or Day Treatment that did not submit a letter of attestation by April 1 deadline should develop a plan for the transition of consumers to ensure a successful transition by June 30, 2010 should CMS deny our request.

Merger, Acquisitions and Change of Ownership

- The May implementation update will provide revised language on this topic in response to feedback from stakeholders and legal counsel.

Intensive In-Home Services/Community Support Team Update

- The revised service definitions for Intensive In-Home Services and Community Support Team are posted at <http://www.dhhs.state.nc.us/dma/mp/index.htm>.
- These services go into effect on July 1, 2010.
- Current providers must comply with the training timeline requirements by July 1, 2010.
- Intensive In-Home Services and Community Support Team training requirements have changed to include more training for professionals providing this service.

Rate Reduction Effective Date for Community Support Team Service

- Starting July 1, 2010, Community Support Team providers will be paid a rate of \$11.80 per 15 minutes with a five hour per week maximum.

Child and Adolescent Day Treatment

- The Child and Adolescent Day Treatment service definition was revised and put into effect on April 1, 2010.
- The updated definition can be found in Clinical Coverage Policy 8A on Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/mp/index.htm>
- Definition clarifications:

Memorandum of Agreement (MOA)

- There should be a Memorandum of Agreement between the day treatment provider, the local management entity, and the local education agency (or private or charter school as applicable).
- If the provider operates a day treatment program and is also a private or charter school, the provider only needs to sign a Memorandum of Agreement with the LME.
- If the local education agency, private or charter school refuses to sign an Memorandum of Agreement the day treatment program will not be able to provide services in that catchment area.

Day Treatment Staffing

- Staffing requirements are listed below:
- A minimum ratio of one Qualified Professional to every 6 children is required to be present, with a minimum of 2 staff present with children at all times.
- The exception is when only one child is in the program, in which case only one staff member is required to be present.
- If, for additional staffing purposes, the program includes persons who meet the requirements specified for associate professional or paraprofessional status according to 10A NCAC 27G.0104, supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure requirements of the appropriate discipline.

Clarification of Therapeutic and Educational Activities

- The day treatment program staff collaborates with the school and other service providers prior to admission and throughout service duration.
- Designation of educational instruction and treatment interventions is determined based on staff function, credentials of staff, the child's person centered plan, and the individual education plan/504 plan.
- Who pays the day treatments staff does not necessarily determine if the service delivered is educational or treatment in nature.
- Educational instruction is not billable as day treatment.
- The therapeutic environment should reflect a combination of rehabilitative treatment and educational instruction.

Hours of Operation

- This is a day/night service that shall be available year round for a minimum of 3 hours a day during all days of operation.
- During the school year, the day treatment program must operate each day that the schools in the local education agency are in operation, and
- The day treatment operating hours shall cover at least the range of hours that the local education agency, private or charter schools operate.

Service Type/Setting

- A facility providing day treatment services shall be licensed under 10A NCAC 27G. 1400 or 10A NCAC 27G .3700 (Please note: 10A NCAC 27G .3700 was inadvertently left out of the policy).

Day Treatment and Intensive In-Home Training and Trainers Availability

- Employees of provider agencies that provide Child and Adolescent Day Treatment and Intensive In-Home services must adhere to the training requirements in the service definitions. The requirements include Introduction to System of Care and Introduction to Child and Family Team Programs and Practices with specific hours for each service definition. There are many training resources available to providers. Local Management Entities System of Care coordinators are available to train locally on these topics and provide credit for the training.
- A list of additional resources is available in Implementation Update # 71.

Peer Support Services (PSS).

- Public comments submitted for the new Peer Support Services definition are being reviewed by the Divisions of Medical Assistance and Mental Health, Developmental Disabilities and Substance Abuse Services
- The Centers for Medicare and Medicaid Services are still reviewing this service as an amendment to the current approved State Plan.

Update on State Plan Amendments for Peer Support Services, Facility-Based Crisis Services for Children and Adolescents, and Therapeutic Family Services

- Centers for Medicaid and Medicare Services are currently reviewing NC's proposed State Plan Amendments for Peer Support Services, Facility Based Crisis Services for Children and Adolescents, and Therapeutic Family Services.
- We anticipate that Centers for Medicaid and Medicare Services will review the proposed State Plan Amendments for Mental Health/Substance Abuse Targeted Case Management within the next 30 days.

Extension of Coverage for Provisionally Licensed Providers Billing Outpatient Behavioral Health Services through the Local Management Entity

- The March 2010 Medicaid Bulletin and Implementation Update #70 reported on the extension of coverage of provisionally licensed providers delivering outpatient behavioral health services.
- This bulletin article listed the **Healthcare Common Procedure Coding System (HCPCS)** procedure codes that could be utilized to bill for services delivered by the provisionally licensed individuals.

- These codes were codes H0001, H0004, and H0005.
- **Healthcare Common Procedure Coding System HCPCS** procedure code H0031 was accidentally omitted and should be added to the above list of procedure codes.

Re-Endorsement Clarification

- Implementation Update #54 outlines the procedure for re-endorsement.
- The Local Management Entity does not need to complete an onsite review prior to issuing a Notification of Endorsement Action letter for a 3 year site/service re-endorsement.
- However, even though an on-site endorsement review is not required for re-endorsement, the Local Management Entity will determine if an onsite review is necessary.

Online Correction of Unable to Process Requests

- A new enhancement to the ValueOptions online web portal ProviderConnect will alert providers to requests being returned as Unable to Process.
- The alert will be a message to a provider's inbox indicating the reason for the return and will allow the provider to quickly make changes to the request and resubmit, minimizing the potential loss of authorized days of service.
- *Unable to Process* letters will continue to be mailed but the online notification will be quicker than the hardcopy letter in the mail.
- The new enhancement only applies to authorization requests submitted via ProviderConnect.
- To learn how to submit authorization requests online via ProviderConnect, please visit http://www.valueoptions.com/providers/Network/North_Carolina_Medicaid.htm and register for an upcoming webinar training located in the section titled *Provider Training Opportunities*.

The Importance of Reporting Fraud, Waste, and Program Abuse

- Division of Medical Assistance's Program Integrity (PI) section's mission is *to ensure compliance, efficiency, and accountability within the N.C. Medicaid Program by detecting and preventing fraud, waste, program abuse, and by ensuring that Medicaid dollars are paid appropriately.*

Here are some examples of Medicaid fraud and abuse by Medicaid providers:

- Individual receiving Medicaid failed to report other insurance when applying for Medicaid.
- Individual who does not receive Medicaid using the Medicaid card of some one who does get Medicaid.
- Provider's credentials/qualifications are not accurate.
- Provider bills for services that were not performed.
- Provider performs and bills for services not medically necessary.
- Provider alters claim forms and recipient records .
- Everyone is encouraged to report matters involving Medicaid fraud and abuse. Please remember the following:
 - If you want to report fraud or abuse, you can remain anonymous.
 - However, sometimes in order to conduct an effective investigation, staff may need to contact you.
 - Your name will not be shared with anyone investigated. (In rare cases involving legal proceedings, we may have to reveal who you are.)

To report suspected Medicaid fraud, waste or program abuse by a Medicaid provider:

- Contact Division of Medical Assistance by calling the CARE-LINE Information and Referral Service at 1-800-662-7030 (English or Spanish) and ask for the Division of Medical Assistance Program Integrity Section; or
- Call Division of Medical Assistance Program Integrity Section directly at 1-877-DMA-TIP1 (1-877-362-8471); or
- Call the State Auditor's Waste Line at 1-800-730-TIPS; or
- Call the Health Care Financing Administration Office of Inspector General's Fraud Line at 1-800-HHS-TIPS; or

- [Complete and submit a Medicaid fraud and abuse confidential online complaint form](http://www.ncdhhs.gov/dma/fraud/reportfraudform.htm) via this link: <http://www.ncdhhs.gov/dma/fraud/reportfraudform.htm>.

Unless noted otherwise, please email any questions related to this Implementation Update to ContactDMH@dhhs.nc.gov.

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